

HEALTH WORKFORCE PILOT PROJECTS PROGRAM

HWPP #171 Administrative Site Visit

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Oakland, California 94612

Report Summary

1. EVALUATION TEAM COMPOSITION

Healing Arts Boards:

Kelly Nelson, Legislative Analyst,
California Medical Board

Consultant

Shelly Stewart, APRN CS, FNP, PA C, MSN,
UCD FNP/PA Program

Related Professional Associations

Leslie Cragin, CNM, PhD, FACNM,
American College of Nurse Mid-Wives

Rivka Gordon, PA-C, MHS,
Assoc. of Reproductive Health Professionals

OSHDP

Angela L. Minniefield, MPA, Deputy Director
Konder N. Chung, Chief - Access to Care Section
Gloria J. Robertson, HWPP Program Administrator

2. HWPP #171 TEAM REPRESENTATIVES

Molly Battistelli, Project Director
Diana Taylor, RN, PhD, Principal Investigator
Tracy Weitz, PhD, MPA, Director, Advancing New Standards in Reproductive Health
Amy Levi, CNM, PhD, Clinical Education Consultant
Erin Cassard Schultz, J.D. Law and Policy Fellow
Shauna Nyberg, HWPP #171 Project Assistant

Administrative Site Visit Purpose: To assess the quality of the training and the improvements of the APC by reviewing and substantiating findings from documents that reflects the various levels of achievement.

Health & Safety Code: Section 128165 (e): The Quality of Care and Patient Acceptance of the Project

California Code of Regulation: Sections 92308 & 92603: Monitoring and Site Visits

3. Method:

The evaluation team:

- Used the following OSHPD-HWPP assessment forms to evaluate the site's administrative documents: Trainee Observed Competency Assessment Form, Trainee Timeline Evaluation Team Graph, and Tracer Methodology Evaluation Forms.
- Reviewed the binder containing the Data and Clinical Safety Monitoring Committee findings from the December 2009 meeting on HWPP #171 (on the safeguards of HWPP #171 participating patients).
- Reviewed documentation of APCs didactic and clinical training. HWPP #171 provided complete sets of records for 5 APCs.
- Reviewed APCs Training Summaries (Trainees Project Checklist and Observed Competency Assessment).

4. Results of the Evaluation Team:

- Review of the binder containing the Data and Clinical Safety Monitoring Committee (Committee) findings from the December 2009 meeting on HWPP #171 (on the safeguards of HWPP #171 participating patients)

The binder contained: (a) master listings of incidents that were entered into the incident tracking database by November 30, 2009, (b) the HWPP #171's monitoring plan, (c) the method of reviewing pilot project outcomes, (d) members of the Committee, (e) confidentiality agreements, and (f) minutes of the Committee meetings.

Findings:

The binder included listings of 77 incidents emanating from the pilot project. The listings showed:

- System-based incidents: Patients referred to a hospital for treatment of non-abortion conditions. 17 cases
- Case-based incidents: Related to the provision of 1st trimester abortions by an APC or the sites physician. 60 cases
- Total number of procedures by pilot project participants reported:
2,684 by the APCs
2,193 by participating physicians
- The % of incidents rendered by the APCs and physicians participating in the program are as follows: system-based and case-based incidents – 1.5% (77/4,877); case-based incidents only - 1.2% (60/4,877).
- The 60 case-based incidents were identified as follows:

Incomplete abortions	=	16
Failed Abortions	=	6
Hematometra	=	5
Infection	=	7
Cervical Injury	=	1
Uterine Perforations	=	1
*Other	=	24
Total		60

*(e.g., post-abortion bleeding, not related to categories above that are treated by medications or reaspiration of the uterus.)

Definition of an Incident (HWPP #171): Patient enrolled in the pilot project who experiences a “qualifying diagnosis” and a “qualifying treatment” (a) on the day of the procedure, (b) up to 4 weeks post discharge, (c) any emergency recovery visit, or (d) any hospital visit. This includes a participating patient who:

- Receives a diagnosis or treatment for a problem at the time of the procedure. The nine diagnoses that fall into this category are: (1) incomplete abortion, (2) failed abortion, (3) hemorrhage, (4) hematometra, (5) infection, (6) uterine perforation-endocervical injury, (7) anesthesia-related complication, (8) ectopic pregnancy, and (9) other.
- Receives treatment from any healthcare provider for a post-procedure problem. Treatment includes medications related to a post-abortion incident or complication. The treatment categories include: reaspiration, repeat abortion, medications, IV medications, transfusion, other surgical treatment, and referrals (e.g., ER visits, hospital admissions).

- Review of documentation of APCs didactic and clinical training. HWPP #171 provided complete sets of records for 5 APCs.

Findings:

Each of the evaluation team members (non OSHPD-HWPP staff) reviewed one complete set of an APC file to confirm the outcomes of the Data and Clinical Safety Monitoring Committee review and interviews with the APCs. The four APC files reviewed were T-197, T-342, T-441, and T-758. In the aggregate, the total number of procedures performed by the APCs was 648 and the total number of incidents incurred by the APCs was 16. This reflects an incident rate of 2.46% for all procedures documented below.

Clinical Training Phase		Employment/Utilization Phase		Totals	
Number of Procedures	Number of Incidents Reported	Number of Procedures	Number of Incidents Reported	Number of Procedures	Number of Incidents Reported
41	0	25	0	66	0
41	3	116	1	157	4
56	2	109	5	165	7
42	1	218	4	260	5
180	6	468	10	648	16

The Tracer Methodology Evaluation form attached includes comments or evidence for conclusion of findings.

- Review of APCs Training Summaries (Trainees Project Checklist and Observed Competency Assessment).

Findings:

- The evaluation team reviewed APC training checklists and observed competency reports. OSHPD-HWPP Program confirmed the reports with those submitted to the Office. The summary report attached, as HWPP #171 Trainee Profile, show the findings for fifteen of the eighteen APCs participating in the pilot project. Comments made by the preceptors are included.
- In the aggregate, the findings are as follows:
 - The timeline for an APC to reach competency ranged from one to two months.
 - The number of procedures reached at competency ranged from 40 to 61 procedures.
 - The timeline for training of an APC to complete training from the didactic phase to the end of the clinical phase ranged from 1 to 5 months. Interviews with the APCs and the preceptors indicate that there are gaps in training due to scheduling, holidays, and APCs personal need for extended training.

5. Evaluation Team Closing Remarks:

The evaluation team remarked as follows: (1) The review of the files was intense but increased the knowledge of the team members; (2) It was enriching to see the documentation, absent the review of patient medical records; (3) One team member suggested that perhaps in future site visits, the evaluation team could meet with the Committee to review and discuss the progress of the study participants; (4) The documentation was good and the team could see the clinical results of the APCs and the sponsor kept meticulous records; (5) The HWPP #171 clinics were not under-reporting the incidents or events incurred by the APCs and physicians participants; and (6) The evaluation team would prefer to have more administrative site visits to review the clinical results of the APCs and physician participants.